

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.S.		03/21/01
O.I.P.E. CLASSIFIER	MJM	121	04/09/01
FORMALITY REVIEW	H.S.	943	4-19-1
RESPONSE FORMALITY REVIEW	.9	209	05/11/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/13/01
2	✓	✓	12/13/01
3	✓	✓	12/13/01
4	✓	✓	12/13/01
5	✓	✓	12/13/01
6	✓	✓	12/13/01
7	✓	✓	12/13/01
8	✓	✓	12/13/01
9	✓	✓	12/13/01
10	✓	✓	12/13/01
11	✓	✓	12/13/01
12	✓	✓	12/13/01
13	✓	✓	12/13/01
14	✓	✓	12/13/01
15	✓	✓	12/13/01
16	✓	✓	12/13/01
17	✓	✓	12/13/01
18	✓	✓	12/13/01
19	✓	✓	12/13/01
20	✓	✓	12/13/01
21	✓	✓	12/13/01
22	✓	✓	12/13/01
23	✓	✓	12/13/01
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42	✓	✓	12/13/01
43	✓	✓	12/13/01
44	✓	✓	12/13/01
45	✓	✓	12/13/01
46	✓	✓	12/13/01
47	✓	✓	12/13/01
48	✓	✓	12/13/01
49	✓	✓	12/13/01
50	✓	✓	12/13/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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